

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No.	Sp02-165	Total Pages	2
First Named Inventor or Application Identifier: Bhagavatula et al.			
Title: Apparatus and Methods For Passive Alignment of Optical Elements			
Express Mail Label No.		EV 139063049 US	

**CERTIFICATE OF EXPRESS MAIL UNDER 37 CFR 1.10:**

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated below and is Addressed to Mail Stop Patent Application, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450

on July 23, 2003

(Date)

Signature

Colleen E. Doherty

"EXPRESS MAIL" Mailing Label No. EV 139063049 US

**ADDRESS TO:**  
Mail Stop Patent Application  
Commissioner of Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

17613 US PTO  
10/626457  
07/23/03

1. <input checked="" type="checkbox"/> *Fee Transmittal Form (Submit an original and a duplicate for fee processing)	5. <input type="checkbox"/> Microfiche Computer Program (Appendix)								
2. <input checked="" type="checkbox"/> Specification (preferred arrangement set forth below)	6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)								
[Total Pages] 13									
a. <input type="checkbox"/> Computer Readable Copy									
b. <input type="checkbox"/> Paper Copy (identical to computer copy)									
c. <input type="checkbox"/> Statement verifying identity of above copies									
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. § 113)	[Total Sheets] 9								
4. Oath or Declaration	[Total Pages]								
a. <input type="checkbox"/> Executed (original or copy)									
b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed)									
i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).									
<b>ACCOMPANYING APPLICATION PARTS</b> <table border="1"> <tr> <td>7. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</td> <td>8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)</td> </tr> <tr> <td>9. <input type="checkbox"/> English Translation Document (if applicable)</td> <td>10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</td> </tr> <tr> <td>11. <input type="checkbox"/> Preliminary Amendment</td> <td>12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (should be specifically itemized)</td> </tr> <tr> <td>13. <input type="checkbox"/> Certified Copy of Priority Document(s)</td> <td>14. <input type="checkbox"/> 15. <input type="checkbox"/> Other: (if foreign priority is claimed)</td> </tr> </table>		7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)	9. <input type="checkbox"/> English Translation Document (if applicable)	10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	11. <input type="checkbox"/> Preliminary Amendment	12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (should be specifically itemized)	13. <input type="checkbox"/> Certified Copy of Priority Document(s)	14. <input type="checkbox"/> 15. <input type="checkbox"/> Other: (if foreign priority is claimed)
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13. <input type="checkbox"/> Certified Copy of Priority Document(s)	14. <input type="checkbox"/> 15. <input type="checkbox"/> Other: (if foreign priority is claimed)								

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

Continuation  Divisional.  Continuation-in-part (CIP) of prior application No

Prior application information: Examiner:

Group / Art Unit:

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**17. CORRESPONDENCE ADDRESS**

Customer Number or Bar Code Label 22928 or  Correspondence address below

NAME	Timothy M. Schaeberle			
ADDRESS	Corning Incorporated, SP-TI-3-1			
CITY	Corning	STATE	NY	ZIP CODE
COUNTRY	USA	TELEPHONE	(607) 974-3164	FAX (607) 974-3848
Name (Print/Type)	Timothy M. Schaeberle	Registration No. (Attorney/Agent)	34,424	
Signature		Date	7/23/03	

16986  
07/23/03  
U.S. PTO

# FEE TRANSMITTAL for FY 2003

3  
Complete if Known

Application Number	To Be Assigned
Filing Date	Herewith
First Named Inventor	Bhagavatula, et al.
Examiner Name	To Be Assigned
Group / Art Unit	To Be Assigned

**TOTAL AMOUNT OF PAYMENT (\$888.00)**

Attorney Docket Number SP02-165

## METHOD OF PAYMENT (check one)

1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 03-3325

Deposit Account Name Corning Incorporated

Charge Any Additional Fees Required  
Under 37 C.F.R. §§ 1.16 and 1.17

2.  Payment Enclosed:

Check  Money Order  Other

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
	1001	750	Utility filing fee	750.00
	1002	330	Design filing fee	—
	1003	520	Plant filing fee	—
	1004	750	Reissue filing fee	—
	1005	160	Provisional filing fee	—

**SUBTOTAL (1) (\$750.00)**

### 2. EXTRA CLAIM FEES

	Extra Fee from Claims below	Fee Paid
Total Claims	23 - 20** = 3 x 18 =	54.00
Independent Claims	4 - 3** = 1 x 84 =	84.00

Multiple Dependent 0 = 0.00

\*\*or number previously paid, if greater; For Reissues, see below

Large Entity	Fee Code	Fee (\$)	Fee Description
	1202	18	Claims in excess of 20
	1201	84	Independent claims in excess of 3
	1203	280	Multiple dependent claim, if not paid
	1204	84	** Reissue independent claims over original patent
	1205	18	** Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2) (\$138.00)**

## FEE CALCULATION (continued)

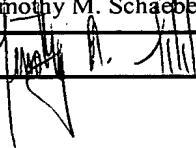
### 3. ADDITIONAL FEES

Large Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
	1051	130	Surcharge - late filing fee or oath	—
	1052	50	Surcharge - late provisional filing fee or cover sheet	—
	1053	130	Non-English specification	—
	1812	2,520	For filing a request for reexamination	—
	1804	920*	Requesting publication of SIR prior to Examiner action	—
	1805	1,840	Requesting publication of SIR after Examiner action	—
	1251	110	Extension for reply within first month	—
	1252	410	Extension for reply within second month	—
	1253	930	Extension for reply within third month	—
	1254	1,450	Extension for reply within fourth month	—
	1255	1,970	Extension for reply within fifth month	—
	1401	320	Notice of Appeal	—
	1402	320	Filing a brief in support of an appeal	—
	1403	280	Request for oral hearing	—
	1451	1,510	Petition to institute a public use proceeding	—
	1452	110	Petition to revive - unavoidable	—
	1453	1,300	Petition to revive - unintentional	—
	1501	1,300	Utility issue fee (or reissue)	—
	1502	470	Design issue fee	—
	1503	630	Plant issue fee	—
	1460	130	Petitions to the Commissioner	—
	1807	50	Petitions related to provisional applications	—
	1806	180	Submission of Information Disclosure Stmt	—
	8021	40	Recording each patent assignment per property (times number of properties)	—
	1809	750	Filing a submission after final rejection (37 C.F.R. § 1.129(a))	—
	1810	750	For each additional invention to be examined (37 C.F.R. § 1.129(b))	—
	1801	750	Request for Continued Examination (RCE)	—
	1802	900	Request for expedited examination of a design application	—

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3) (\$)**

## COMPLETED (if applicable)

Name (Print/Type)	Timothy M. Schaeferle	Registration No. (Attorney/Agent)	34,424
Signature		Date	7/21/03